

DEAF PATHWAYS

COLLABORATION CHARTER



CLEVELAND 2020

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INTRODUCTION

Cleveland Rape Crisis Center and Cleveland Hearing and Speech Center are embarking on this charter process to better plan for and serve Deaf and Hard of Hearing survivors of rape and sexual abuse. Our two agencies saw a gap in services for this population of survivors and applied for the OVW Disabilities Grant in 2019. Upon receiving the grant, Deaf Pathways was created to better serve each agency's respective service area. We look forward to collaborating throughout this process to learn from one another, improve our services, and offer equitable access to survivors.

ACRONYMS

ASL: American Sign Language

CCDHH: Community Center for the Deaf and Hard of Hearing

CDI: Certified Deaf Interpreter

CHSC: Cleveland Hearing and Speech Center

CODA: Children of Deaf Adults

CRCC: Cleveland Rape Crisis Center

D/HoH: Deaf or Hard of Hearing

LEP: Limited English Proficient

KODA: Kids of Deaf Adults

OAD: Ohio Association of the Deaf, Inc.

OVW: Office on Violence Against Women

RID: The Registry of Interpreters for the Deaf

SA: Sexual Assault

SAMHSA: Substance Abuse and Mental Health Services Administration

SV: Sexual Violence

TIC: Trauma Informed Care

VRI: Video Remote Interpreting

VRS: Video Relay Service

GLOSSARY OF TERMS

Ally: A person who holds a privilege, acknowledges that privilege, and works to end oppression. An ally in the Deaf community refers to an individual who is supportive of ASL, Deaf Culture, Deaf life, and the diverse, intersecting identities within Deaf Culture. A Deaf Ally advocates against audism and promotes the equitable treatment of Deaf individuals.

ASL: ASL is the language of Deaf people in North America. It is a visual-spatial language with its own linguistic properties. ASL is not a written language, nor is it signs based on English,

although English idioms and phrases can be borrowed. ASL is not a universal language, as there are many sign languages all over the world, just like spoken languages.¹

Audism: Discrimination or prejudice based on a person’s ability to hear. Audism is also understood as “hearing superiority.” The belief that one is superior based on the ability to hear or behave in the manner of one who hears. In other words, the idea that life without hearing is less valuable.²

Certified Deaf Interpreter: A CDI is a Deaf specialist who provides cultural and linguistic expertise. As a native signer with a lifetime of experience as a Deaf individual, the CDI is also trained to ensure that communication is effective. The CDI is a valuable asset to any situation that requires complicated and sometimes emotional communication situations, and who often works as a unit with an ASL interpreter.³

Certified Interpreter: A certified interpreter is an interpreter who has passed a valid and reliable certification exam administered by an independent entity such as the National Center for State Courts (ACEBO).⁴

Co-Advocacy: Co-advocacy is a collaborative process that starts with an agreement that victim-related service programs will work together to ensure that they are providing culturally and linguistically appropriate resources and services. It requires ongoing communication and sharing of information, resources, and tools between culturally specific and non-culturally specific service programs, as well as working together with the victim or survivor to ensure his or her needs are met.⁵

Deaf: A capital Deaf denotes a cultural distinction, defining a group of people who are deaf and identify themselves as members of a linguistic and cultural group. This is akin to other ethnic groups, such as Hispanic, African-American, Pacific Islander, and so on.

Deaf Culture: Gallaudet University states, “American Deaf culture centers on the use of ASL and identification and unity with other people who are Deaf. A Deaf sociolinguist, Dr. Barbara Kannapel, developed a definition of the American Deaf culture that includes a set of learned behaviors of a group of people who are deaf and who have their own language (ASL), values,

¹ <https://education.victimsofcrime.org/lessons/translating-justice-what-is-language-access-and-why-does-it-matter/>, May 2020

² Ibid.

³ <https://education.victimsofcrime.org/lessons/translating-justice-what-is-language-access-and-why-does-it-matter/>, May 2020

⁴ Ibid.

⁵ Ibid.

rules, and traditions⁶.” Deaf culture is key to Deaf identity and also includes the use of art, literacy traditions, history, and social beliefs.

Diversity: Diversity refers to all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another. It is all-inclusive and recognizes everyone and every group as part of the diversity that should be valued.⁷

Equal vs Equitable:

- **Equality:** Refers to the distribution of the same resources between individuals and groups
- **Equity:** Refers to providing all people the resources that they need in order to achieve the same or comparable outcomes

Hard of Hearing: Having some degree of hearing loss ranging from mild to profound. People who are hard of hearing may benefit from the use of hearing aids or other assistive listening devices. In the U.S. context, they depend primarily upon spoken English in communicating with others.

Intersectionality: Coined in 1989 by Kimberlé Crenshaw. Intersectionality describes the experience of multiple oppressions simultaneously. It examines how intersections between identities interact with systems of oppression, contributing to systemic injustice and social inequalities.

Language Deprivation Syndrome: Language Deprivation or Language Deprivation Syndrome is defined by Sanjay Gulati as incomplete neurodevelopment as a result of incomplete language acquisition in those critical years of life (0-5). It results from a child not being exposed to a consistent and fully elaborated language. It is a functional disability that involves a constellation of social, emotional, intellectual and other consequences. Because language mediates and underlies every human activity understanding the effects of LDS requires understanding of many different fields. The result of this early deprivation of language is a devastating and preventable intellectual disability.⁸

Qualified Interpreter: is a definition under the Americans with Disabilities Act, which requires that individuals needing sign language interpreting services receive them from qualified interpreters. The federal regulations define “qualified interpreter” very specifically, as “... an interpreter who is able to interpret effectively, accurately, and impartially both receptively and

⁶ Clerc Center- Gallaudet University - <https://www3.gallaudet.edu/clerc-center/info-to-go/deaf-culture/american-deaf-culture.html>

⁷ <https://www.racialequitytools.org/glossary#diversity>, 2020.

⁸ Neil Glickman, Language Deprivation and Deaf Mental Health, 2019.

expressively, using any necessary specialized vocabulary.” “Certified interpreter” (see above) goes one step further; although certification is not a federal requirement, it remains the best way to provide the quality assurance necessary to meet the requirements of federal law when you provide communications access through sign language interpreting.

Rape: Rape is a form of sexual assault, but not all sexual assault is rape. The term rape is often used as a legal definition to specifically include sexual penetration without consent. For its Uniform Crime Reports, the FBI defines rape as “penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.”⁹

Sexual Assault: The term sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim. Some forms of sexual assault include:

- Attempted rape
- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator’s body
- Penetration of the victim’s body, also known as rape¹⁰

Sexual Violence: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.¹¹

Trauma: SAMHSA describes individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being."¹² Trauma can also be historical and communal, such as trauma and emotional harm caused by years of oppression aimed at one or more cultural, racial or ethnic group.

Trauma Informed Care: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

⁹ <https://www.rainn.org/articles/sexual-assault>, May 2020

¹⁰ Ibid.

¹¹ https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf, May 2020

¹² Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.¹³

Video Relay Service: VRS is a video telecommunication service that allows Deaf, hard of hearing, and individuals with speech needs to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter.

Video Remote Interpreting: VRI is a video telecommunication service that uses devices such as web cameras or videophones to provide sign language or spoken language interpreting services. This is done through a remote or offsite interpreter, in order to communicate with persons with whom there is a communication barrier.

VISION STATEMENT

Deaf Pathways envisions a society where all service providers and systems are trauma informed, fully resourced, and prepared to offer equitable and accessible services to Deaf and Hard of Hearing survivors of rape and sexual abuse. We envision services that promote healing and empowerment in a timely, trustful, and safe manner that elevates Deaf Culture, as well as all variations of communication preferences and access. Deaf Pathways envisions a future of empowered individuals and agencies where equity for Deaf and Hard of Hearing people and sexual violence survivors remain at the forefront of services.

MISSION STATEMENT

Deaf Pathways' mission is to create sustainable systems change within our agencies by:

- Prioritizing a client-focused approach and letting the input of those we serve guide our practices
- Identifying and addressing barriers within the Deaf community and working to eliminate those barriers to receiving services
- Providing creative resources, education, and training to agency staff to respond to current and future needs of Deaf and Hard of Hearing survivors of sexual assault
- Implementing strategies for effective communication, such as using in-person ASL interpreters, especially when serving survivors of sexual violence experiencing trauma
- Providing outreach and education to the Deaf and Hard of Hearing community regarding sexual violence and the accessible services that are available
- Promoting healing and empowering survivors to make their own informed decisions
- Promoting transparency and educating agency staff continuously on topics such as, but not limited to: trauma informed care, how to respond to disclosures of sexual violence, Deaf Culture and barriers to services.
- Leveraging existing collaborations with systems and other service providers to inform best practices and decisions that impact our clients

¹³ Ibid

- Advocating for Deaf survivors of sexual violence outside of our own agencies and communities

VALUES AND ASSUMPTIONS

The members of Deaf Pathways have determined that for effective and sustainable collaboration, we must outline a set of values and assumptions that we will adhere to and believe to be true. These will guide us in our planning and implementation process and bring us closer to accomplishing our mission and vision.

Values

Deaf Pathways values the following:

- Deep and meaningful relationships that allow for successful collaboration and sustainable programming.
- The expertise of each individual involved in our collaboration--the team at Cleveland Rape Crisis Center and Cleveland Hearing and Speech Center are experts in their field and we value their input on how to best serve survivors of rape and sexual abuse within the Deaf and Hard of Hearing Community
- Equitable access to communication and accessible services for *all* individuals
- Cultural humility and respect for differences in identity, language, and racial and ethnic backgrounds
- The six pillars of Trauma-Informed Care¹⁴, which consist of:
 - Safety: All clients and members of Deaf Pathways feel physically and psychologically safe
 - Trustworthiness and Transparency: Deaf Pathways values building and maintaining trust through transparency and open communication
 - Peer Support: We value the concept of mutual self-help and utilizing stories and lived experiences to promote recovery and healing
 - Collaboration and Mutuality: Everyone has a role to play in a trauma-informed approach and healing happens in relationships. Meaningful sharing of power and decision-making is valued and important.
 - Empowerment and Choice: Throughout the collaboration and with clients served, individuals' strengths and experiences are recognized and built upon
 - Cultural, Historical, and Gender Issues: Deaf Pathways actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, ability etc.) and values the incorporation of policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma

¹⁴ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

- Human dignity and the right to a life free from violence and harm
- Recovery and healing from sexual violence
- Believing survivors when they disclose sexual abuse
- Life-long learning and the pursuit of continuous education
- The art of advocacy, which includes listening empathetically, offering support and resources, and uplifting the experiences of survivors as they navigate services and systems
- Confidentiality: We support an individual's right to manage and disclose personal information while still being committed to respecting the mandated reporting requirements outlined in the Ohio Revised Code
- Timely access for services for all survivors, no matter their language or additional accommodation requests

Assumptions

- ASL and English are two completely different languages that hold equal merit and should be treated as such
- All individuals have different lived experiences that shape how they navigate the world.
- Identity is complex and individuals may be marginalized in more than one way. Intersectionality must be acknowledged and respected to properly serve survivors
- There is a long history of limited educational access for Deaf individuals and as a result, members within the Deaf community may have a limited understanding of the definition and scope of sexual violence
- Members of the Deaf Community have their own cultural norms and values that differ from those of hearing individuals
- There is still silence, shame and stigma that surrounds sexual violence in society today
- In society, survivors are often not believed when they come forward about their sexual assault. Furthermore, Deaf survivors are even less believed than their hearing counterparts when they disclose sexual violence has occurred
- Deaf and Hard of Hearing survivors have many additional barriers to disclosing sexual violence and receiving services than hearing survivors
- The number one reason survivors do not come forward is a fear of not being believed
- Healing is not linear and survivors recover at their own time and pace. Survivors have the right to choose what services are right for them and when they want to receive them.
- Sexual violence is used as a means of power and control
- Sexual violence can happen to anyone and spans across all demographics. It does not discriminate around race, sexual orientation, ability, gender identity, religion, socioeconomic status, etc.
- All individuals are resilient and have inner strength

MEMBER AGENCIES

Cleveland Rape Crisis Center (CRCC)

Cleveland Rape Crisis Center is one of the largest free-standing Rape Crisis Centers in the US, reaching more than 40,000 individuals each year with its comprehensive services.

Founded in 1974, Cleveland Rape Crisis Center has grown from a grassroots, volunteer-run hotline service to assist survivors of rape and sexual abuse to a 70+ employee nonprofit organization providing leading counseling services, victim assistance in the justice system, and 24-hour services to survivors of rape and sexual abuse in Cuyahoga, Geauga, Lake and Ashtabula Counties.

CRCC's vision is the elimination of sexual violence. CRCC's mission is supports survivors of rape and sexual abuse, promotes healing and prevention and advocates for social change. The organization also serves survivors of human trafficking.

Cleveland Rape Crisis Center also offers education programs to hundreds of organizations, schools and businesses throughout Northeast Ohio including Cuyahoga County, Lake County, Geauga County and Ashtabula County. We believe that outreach to the community and education and prevention services are vital components in eliminating sexual violence.

CRCC has extensive experience in successfully conducting outreach in underserved communities. Using a multi-pronged approach is crucial; from social media to simply showing up at community events, the primary lesson is to listen to members of the community about what is most effective and to build and nurture trust.

The representatives from CRCC are:

Kirsti Mouncey, LISW-S, LCDCIII, Chief Program Officer

Wendy Leatherberry, Director of Grants and Contracts

Sharon Kidd, Director of Education and Outreach

Rachel Wright, Deaf Pathways Manager. She is employed by Cleveland Rape Crisis Center and is the liaison between both agencies.

Cleveland Hearing and Speech Center (CHSC)

Cleveland Hearing & Speech Center (CHSC) is the oldest freestanding speech and hearing center in the United States. Founded in 1921, it remains Northeast Ohio's only non-profit agency dedicated to helping individuals gain or regain their ability to communicate with others and live more independently, serving adults and children in Northeast Ohio who are D/deaf, hard of hearing, or have communication challenges. Today, CHSC serves thousands of Northeast Ohioans, providing clinical services in speech-language pathology, audiology, outreach to families of infants and toddlers who are deaf or have profound hearing loss, and services for those who are deaf or hard of hearing. CHSC's Community Center for the Deaf and Hard of

Hearing, the first center of its kind in Ohio, was established in 1975 and provides case management, advocacy, information and referral, and sign language interpreting services. CHSC is accredited by the Registry of Interpreters for the Deaf (RID) and is a certified Medicaid and Medicare provider.

CHSC envisions a community where every individual communicates effectively and offers a wide variety of programs and services to meet the needs of the largely underserved Deaf and Hard of Hearing community. The agency's Community Center for the Deaf and Hard of Hearing provides support services and case management for persons who are Deaf and their families; vocational rehabilitation programming for those seeking employment; advocacy and ADA consultation; training and professional development on Deaf Culture; information and referral; summer youth programs; and ASL instruction. In addition, several of the staff are trained advocates and they provide services and advocacy in a culturally competent and trauma informed manner to Deaf victims/survivors of sexual assault, stalking, intimate partner violence. The team also provides training and education to social service agencies as well as the criminal justice system to more effectively interface with crime victims who are deaf. Finally, the agency provides 24-hour sign language interpreting across 8 northeastern Ohio counties.

The representatives from CHSC are:

Maria O'Neil Ruddock, Director of the Community Center for the Deaf and Hard of Hearing

Sandra Hatibovic, Community Outreach Specialist/Deaf Advocate

Kate Slosar, Senior Program Associate for the Community Center for the Deaf and Hard of Hearing

Emily Parrino, Grants Manager

**Both CHSC and CRCC hold Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation.*

COMMITMENT & CONTRIBUTIONS

Deaf Pathways' partnering agencies are committed to promoting sustainable agency-wide changes to better serve Deaf and Hard of Hearing survivors of rape and sexual abuse. CRCC and CHSC have both identified key individuals who will regularly commit to serve on Deaf Pathways and carry out collaborative duties.

CRCC is serving as the lead agency for Deaf Pathways and employs the Project Manager and CRCC's agency representatives. Additional CRCC staff will participate in planning as needed. CRCC will oversee the financial management of the grant and provide expertise on sexual violence services. CHSC employs three agency representatives, who will provide expertise on the Deaf and Hard of Hearing Community and Deaf services. Additional CHSC staff will participate in planning as needed.

Deaf Pathways members adhere to the following shared commitments:

- Providing language accessibility at every stage of the grant process and having interpreters from Cleveland Hearing and Speech Center available for all internal, external, and client focused communications as needed
- Sending and reviewing materials in a timely manner and providing timely feedback when requested by the Project Manager
- Attending weekly meetings and arriving prepared to actively participate
 - If a member cannot attend a meeting, they will inform the Project Manager at least three days before the meeting (barring any emergencies) to allow ample time to reschedule interpreters or other scheduling concerns
- Rescheduling meetings if:
 - The Project Manager is absent
 - If one CRCC representative is absent
 - If there are fewer than two representatives from CHSC
 - If interpreters are not available
- Attending all mandatory virtual and in-person meetings and trainings by OVW and Vera Institute of Justice
- Being responsive to the technical assistance provided by Vera Institute of Justice
- Informing the leadership teams at partner agencies on decisions made and pulling in higher leadership as necessary throughout the planning and implementation process
- Providing onboarding and cross-training to each member within Deaf Pathways so every member has a clear and concise understanding of the work done at CRCC and CHSC
- Flexibility in the midst of COVID-19, as well as any emergency that may arise locally, nationally, or globally
- Approaching the collaboration with an open mind and learning lens
- Meeting deliverable deadlines and adhering to the schedule set forth by OVW and Vera Institute of Justice
- Revisiting our shared mission, vision, values and assumptions if conflict arises or if there is a change to our collaborative structure

In addition to the shared collaborative commitments and contributions, individuals within Deaf Pathways each have a critical role to play in the collaborative with specific commitments based on their roles.

The Deaf Pathways Project Manager commits to the following:

- Creating meeting agendas, taking meeting notes, and sending both documents to the collaborative in a timely manner
- Learning ASL and taking courses to improve communication abilities with the Deaf and Hard of Hearing Community

- Attending events within the Deaf Community deemed appropriate by CHSC representatives
- Attending staff meetings at CHSC when appropriate, as well as smaller team meetings as needed
- Continuous learning and practicing cultural humility around Deaf Culture and the Deaf Community
- Providing updates and feedback from Vera Institute of Justice Technical Assistance and keeping the collaborative in the loop of any changes or suggestions posed by Jannette Brickman or OVW.
- Participating in bi-annual Performance Indicators as required by OVW, as well as all technical assistance activities identified by OVW or the TA provider, including any in-person meetings.
- Provides updates and feedback about the project to representatives of CRCC and the agency as a whole
- Serves as a point person about the project and regarding issues of deaf survivors to CRCC staff and leadership
- Assures communication plan between CRCC and CHCS is upheld and executed, and regular exchange of information between both agencies occurs outside of scheduled meetings
- Delegating tasks in a clear and concise manner, explaining what is expected of collaboration members and when.

In addition to the shared commitments listed above, the CHSC Representatives commit to the following:

- Sharing expertise on the Deaf Community, the Hard of Hearing Community, and Deaf Culture
- Sharing their experience from coordinating with their direct service partners on Deaf Action, OAD, Deaf Ohioans, and additional local and statewide groups
- Garnering agency-wide buy-in on Deaf Pathways initiatives
- Ensuring interpretation services for meetings, trainings, and events are scheduled
- Providing documentation of work done and invoices for timely reimbursement of money
- Working in direct partnership with CRCC around anything grant related
- Responsive to any requests of OVW that might come through CRCC

In addition to the shared commitments listed above, CRCC Representatives commit to the following:

- Sharing expertise on Sexual Violence and Trauma Informed Care
- Garnering agency-wide buy-in on Deaf Pathways initiatives
- Responding to requests by the Project Manager around grant reporting needs

- Committed to being the lead agency and communicating with OVW and reporting as requested by OVW.
- Completing and responsible for semi-annual progress reports
- Completing quarterly financial reports

COMMUNICATION PLAN

The members of Deaf Pathways believe communication is vital as we forge ahead in our collaborative goal to serve Deaf and Hard of Hearing survivors of rape and sexual abuse. Having a clear and concise communication plan internally and externally will allow us to not only plan effectively, but also implement changes that positively impact our clients.

Internal Communication

Deaf Pathways Specific

This charter is currently being written in the midst of the COVID-19 pandemic, and as such, Deaf Pathways currently uses remote video platforms, email, and occasional texts/phone calls as our main avenues for communication. As social distancing measures lax within Cleveland, Ohio, and the nation as a whole, Deaf Pathways will take every measure to ensure safe meeting procedures and remain flexible with our use of technology. We will follow the protocols set forth by both CRCC and CHSC and keep the lines of communication open while planning meetings and events. COVID-19 has taught us that emergency communication plans are extremely important to have in place and we will continue to have the above flexibility and open communication guide us in the case that emergent issues arise in the future.

As language access is prioritized and nonnegotiable in our work, interpreters will be utilized at every Deaf Pathways meeting and will be used in-person or via Zoom. Deaf Pathways recognizes that in-person interpretation is the golden standard, but when emergencies arise that make meeting in-person impossible, Zoom will be utilized in place of in-person interpretation. To ensure seamless, accurate, and effective communication within team meetings the same team of interpreters will be utilized. Should the team not be available, the meeting will be rescheduled.

Weekly meetings may be recorded as needed or suggested by group members, but it is not necessary to do so. Meetings will be held weekly and members will come prepared to discuss ideas, make decisions, and engage in dialogues around best practices as we move forward in our work.

Internal Communication to CRCC and CHSC as a whole

Any communication regarding Deaf Pathways between Cleveland Rape Crisis Center and Cleveland Hearing and Speech Center is considered internal communication. While not everyone at each agency is participating in the collaboration, it is vital that our respective agencies are informed and up to date on planning and implementation around our initiative.

While communicating updates from our collaboration to our agencies as a whole, Deaf Pathways will adhere to the following:

- Directors meetings may be used by the Director of Education and Outreach to inform higher level leadership of updates or any changes to Deaf Pathways during the planning and implementation phases. These meetings will be attended by Directors only, unless an additional team member is invited to present to the leadership team. Directors are expected to share and disseminate the information to their teams and individual contributors
- All Deaf Pathways members may participate in All-Staff meetings at each agency. This will give CRCC and CHSC staff an introduction to who we are, who is involved in our collaboration, and an opportunity to better understand the nature of our collaborative. All-Staff meetings may be used to communicate large changes or exciting news in-person as deemed necessary by the leadership teams at CRCC and CHSC
- Internal Newsletters may be used at CRCC and CHSC to inform agency staff of emergent news from Deaf Pathways. The Project Manager will work closely with the collaborative to discuss the message that will be shared.

External Communication

Any communication that occurs outside of Deaf Pathways or its partner agencies is considered external communication. Our collaboration agrees that any communication with outside sources must be vetted and agreed upon by Deaf Pathways members before any action is taken. The following guidelines will be followed when initiating communication with external sources:

Communication with Vera Institute of Justice

The Project Manager is the designated individual who will regularly engage in incoming and outgoing communication with Technical Assistance from Vera. The Project Manager will participate in weekly check-ins, as well as emails, phone calls, site visits, and additional meetings as necessary. In addition, the Project Manager will engage regularly with the Mighty Network, consisting of all members of other projects across the nation who are embarking on the same grant process within their states, and the Project Director Listserv, an email listserv consisting of only project managers of other collaborations.

As agreed upon by our TA representative at Vera, no communication with Vera, unless otherwise specified, is confidential and additional Deaf Pathways members may have access to information given to the Project Manager at any time. If at any point there are concerns that the Project Manager is failing to communicate decisions passed down from Vera or OVW, collaborative members may contact our designated Technical Assistance contact at any time.

Communication with Office on Violence Against Women

All incoming and outgoing communication with the Department of Justice's Office on Violence Against Women, including all fiscal and project-related information, is designated to the Grants and Contracts Team at Cleveland Rape Crisis Center.

Media

All media inquiries will be passed to the Director of Community Engagement at CRCC. The Director will work closely with members of Deaf Pathways for talking points, quotes, and any additional information needed. Deaf Pathways has outlined three potential media scenarios and a plan for each possibility.

- Planned Press Releases/Joint Statements
- Conversations with community members
- Incident-Specific Requests

All three scenarios will go to the Director of Community Engagement. Deaf Pathways has created a one-page talking point document for reference (see addendum 1).

DECISION-MAKING PROTOCOL

Deaf Pathways values the expertise, knowledge, and input of every member of our collaboration. We believe it is critical that decisions are made with feedback from every Deaf Pathways member and that we make decisions that weigh the perspectives of both CHSC and CRCC. We have agreed upon a decision-making protocol that emphasizes participation, transparency, and fairness. We have outlined four different decision-making philosophies for specific decisions regarding Deaf Pathways below.

Consensus Model

Consensus decision-making is a group decision-making process in which collaboration members develop and agree to support a decision in the best interest of the group or common goal. Instead of simply voting for an item and implementing majority rule, consensus is committed to finding solutions that everyone actively supports, or at least can live with.

Deaf Pathways will strive to use consensus as our main model for internal decision making. Examples include decisions around identity (i.e.: the name of the collaboration, our charter, staff and partners involved, logo, or other determinations that affect who we are and how we function as a group) and decisions around planning and implementation that affect internal functions of the collaboration. All partners will be encouraged to participate openly in discussions and share their knowledge and expertise.

This model will allow us to defer to the experts in our group to explain their reasoning and point of view, as well as allow for questions and additional feedback.

While the collaboration recognizes that this model is important for gaining input and agreement from each participating member, it is also time consuming. We recognize the need to build consensus while also meeting deadlines. When time is pressed, the consensus model may not be the most effective way to make decisions.

If an idea has been presented and discussed by the collaboration, yet consensus is not yet met, we will implement the following numerical options:

- 5:** Full endorsement
- 4:** Agreement, with need for clarification
- 3:** Neutral, but willing to move forward
- 2:** Disagreement, more discussion is needed
- 1:** Absolute veto

All members will be asked to vote and all votes will hold equal weight in the decision-making process. If there is a 2 or 1 vote, we will return to the discussion and clarify any lingering questions or concerns. The group will determine a timeframe to discuss each concern further and the timeframe will be determined on a case by case basis. If there is still not consensus after this discussion, the group may opt to enforce majority rule, or call upon the Conflict Resolution plan outlined in the charter.

Majority Rule Model

The Majority Rule model requires over half of participants to agree on a decision for it to be implemented. This model will be used if the consensus model is not effective, or if not much discussion is required. Members will give a yes or no vote on the decision at hand.

Majority rule decisions will be used when not much discussion is needed, or when everyone seems to be in favor. If there are individuals who vote “no” during the process, a timeframe for more discussion will be determined to better understand why a “no” vote was given. This timeframe duration will be determined on a case by case basis. After discussion, the group will vote again and a decision will be made based on the second vote.

If the outcome of a vote is not in the best interest of the project, one of the partner organization or the populations we serve, a veto can be evoked. A **veto** (Latin for "I forbid") is the power to unilaterally stop the voting process and allow for additional gathering of perspectives. A veto can be evoked by an expert on what is being discussed, or senior level leadership member in attendance (as they are expert on the organization they represent).

Unilateral Model

Unilateral decisions are defined as decisions that one person makes for the group. Deaf Pathways values collaboration and will not use this decision-making philosophy often, however, there are times when it is appropriate to utilize this model. Such times include:

1. The Project Manager implementing suggested deadlines set forth by Vera and OVW, as well as decisions around meetings, creating the agenda, and cancelling meetings for the group
2. Performance Indicator due dates and the information needed to complete them will be collected unilaterally by the Project Manager
3. Budget and financial information will be reported unilaterally by the Grants and Contracts team at CRCC

Deaf Pathways participants will not use this model when discussion is needed by the group, or where decisions are made that affect who we are or how we function as a collaboration.

Agency-level Decisions

Any decisions that go beyond Deaf Pathways and into the partner agencies, particularly around financial situations, grant decisions, media, HR, or policy changes at CRCC and CHSC must be elevated to agency leadership. These decisions will be consulted by agency Directors and Chiefs. Members of the collaboration commit to regularly updating agency leadership at both CRCC and CHSC of our progress and consulting them when agency-level decisions must be made.

In addition, Deaf Pathways notes that if decisions cannot be agreed upon within any model and conflict arises, members of the collaboration will consult our Conflict Resolution Plan. If further action is needed, the Project Manager will invite Technical Assistance from Vera to collaborative meetings for assistance.

CONFLICT MANAGEMENT PLAN

Deaf Pathways understands that conflict is normal in any collaborative partnership, as no one is expected to agree with every proposed idea every time. Our collaboration is comprised of various cultures, languages, and backgrounds, and it is critical that we respond to all communication with cultural humility and open minds. Conflict is natural and part of the process, and when handled with respect, honesty, and transparency, Deaf Pathways sees conflict as an opportunity for growth, learning, and understanding. Deaf Pathways has outlined a Conflict Resolution Plan to ensure a healthy and supportive working environment for all collaborative members.

Conflict may arise in various forms. There may be conflict within the collaboration itself, or conflict among partner agencies. We agree that no matter the form conflict takes, it is important to utilize person-first language, seek resolution with respect, and disagree with “ideas” and not “people.”

If conflict arises between collaboration members, all partners agree to seek resolution within our weekly program meetings. It is important to look back at our shared values, assumptions, mission and vision when addressing conflict within the group. This exercise will help ground us

in our work and support healthy communication. Collaboration members will refrain from side conversations and separate meetings around the issue and focus on direct, respectful communication.

If conflict arises outside of the collaboration but within partner agencies and affecting the collaboration process or deliverables, collaboration members will inform the Project Manager and work toward a peaceful solution.

If conflict arises concerning the Project Manager, the concerned party will communicate with the Project Manager first, and if the conflict is not resolved, then the concerned party will contact the Project Manager's direct supervisor.

If a solution cannot be found or agreed upon using the methods detailed above, the Project Manager will invite Technical Assistance from Vera to weekly meetings for assistance. We will consult the Office on Violence Against Women only if all other conflict resolution methods have not produced a resolution.

CONFIDENTIALITY

Deaf Pathways believes that confidentiality is a key factor in creating a safe space for clients to share information that may be difficult. Confidentiality means that information shared within a client-helper relationship will not be shared outside that relationship. We value the confidentiality of every survivor and remain committed to protecting client information. All members of Deaf Pathways will refrain from using any language that discloses someone's identity if discussing client cases as a means of educating our partners on our services, the potential impact of revised policies, or highlighting gaps in services. We also recognize that the Deaf community is very small and the act of not disclosing identifying information is challenging to uphold.

Knowing this challenge, it is a possibility that a client's identity may become known during a Deaf Pathways meeting. We will do everything we can to mitigate this possibility, but if it does occur, all members of Deaf Pathways will strictly contain that information inside the meeting. No information will leave our group nor will the identifying information go into our meeting notes.

The providers obligation to keep client information confidential is supported through state and federal law. Balancing the ethical responsibility to protect client confidentiality and the legal obligation to protect clients from harm can be difficult, and exceptions to confidentiality exist and will be outlined in the next section.

MANDATED REPORTING

Ohio law does not include Deaf individuals, specifically, in any of the mandatory reporting statutes. It does make provisions for the mandatory reporting of suspected child abuse/neglect, the abuse/neglect/exploitation of an elder adult, and the suspected abuse/neglect of an individual with developmental disabilities or a dependent adult, and when there is a risk of imminent danger to self or to another person.

Mandatory reporting involving a Deaf individual is necessary if the situation meets the requirements of any of the existing statutes.

Collaboration team members recognize that all information shared with the service providers at CRCC/CHSC is confidential. No information will be voluntarily released to a third party, or shared, without written consent. Verbal consent for limited release of information may be necessary in special circumstances. During the course of services at CRCC, it may be necessary for providers to discuss a case together to coordinate services. There are specific and limited exceptions to confidentiality which include the following:

1. When there is a risk of imminent danger to self or to another person (Duty to Warn)
2. When there is a suspicion that a child, elder, or dependent adult is being sexually or physically abused or is at risk of such abuse

During the needs assessment phase of this project, participants will be asked not to describe any specific details of their story or specific experiences of abuse or victimization and all focus groups will be tailored to avoid any inadvertent disclosure that would trigger a mandatory report. The focus of any and all interviews is to determine the needs and service gaps for Deaf and Hard of Hearing individuals and survivors of sexual violence. Nevertheless, needs assessment participants will be advised of CRCC and CHSC's mandatory reporting policies and procedures and will be asked to sign an informed consent form. We will provide very specific protocols in our Needs Assessment Plan.

Deaf Pathways follows any and all mandatory reporting protocols of CRCC/CHSC:

- Both agencies have reviewed and interpreted the Ohio Revised Code to mean that all employees of CRCC and CHSC are considered mandatory reporters (See Appendix 2 for the Ohio Revised Code).
- Should a mandatory reporting situation arise, the employee receiving the information is required to consult with their supervisor and potentially the CPO or Executive Director to decide if a report to authorities needs to be made
- If a report is made, the employee is required to then fill out an incident report

Collaboration team members understand the parameters of the mandatory reporting statutes and will abide by them.

WORK PLAN

Collaboration Charter	April, May, June 2020
Approval by OVW	July 2020
Statement of Focus & Approval by OVW	August 2020
Develop Needs Assessment Plan	August & September 2020
Approval by OVW	October 2020
Complete Performance Indicators	September 2020 (while conducting NA)
Conduct Needs Assessment*	October & November 2020
Develop Findings Report	December 2020 & January 2021
Approval by OVW	February 2021
Develop Strategic Plan	March & April 2021
Approval by OVW	May 2021
*Supplement needs assessment for survivors and people we serve due to COVID-19 if necessary	
Implementation	May 2021-October 2022

CONTACT US

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216-231-8787

<https://www.chsc.org/>

Cleveland Rape Crisis Center

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Cleveland, OH 44115

216-619-6194

<https://clevelandrapecrisis.org/>

ACKNOWLEDGEMENTS

This charter may be revised by future team members to meet the evolving needs of the collaboration. The following collaboration team members are the original authors of this charter and worked diligently to build a strong relationship among the partner agencies:

- Sandra Hatibovic, *Community Outreach Specialist/Deaf Advocate, Cleveland Hearing and Speech Center*
- Sharon Kidd, *Director of Education and Outreach, Cleveland Rape Crisis Center*
- Wendy Leatherberry, *Director of Grants and Contracts, Cleveland Rape Crisis Center*
- Kirsti Mouncey, LISW-S, LCDCCIII *Chief Program Officer, Cleveland Rape Crisis Center*
- Maria O’Neil Ruddock, PsyD, *Director of Community Center for the Deaf and Hard of Hearing, Cleveland Hearing and Speech Center*
- Kate Slosar, *Senior Program Associate, Community Center for the Deaf and Hard of Hearing, Cleveland Hearing and Speech Center*
- Rachel Wright, *Deaf Pathways Manager, Cleveland Rape Crisis Center*

Deaf Pathways would also like to acknowledge and thank Vera Institute of Justice for their Technical Support and guidance through this process. We have learned so much and greatly appreciate the expertise and support provided to our team.

- Jannette Brickman, JD, MA, *Senior Program Associate, Vera Institute of Justice*

We would also like to acknowledge the Department of Justice Office on Violence Against Women for the opportunity to use grant funding to make this collaboration a reality.

- Silvia Pauling, MA, *Program Manager*

APPENDIX 1: MEDIA DOCUMENT

Deaf Pathways Vision:

Deaf Pathways envisions a society where all service providers and systems are trauma informed, fully resourced, and prepared to offer equitable and accessible services to Deaf and Hard of Hearing survivors of rape and sexual abuse. We envision services that promote healing and empowerment in a timely, trustful, and safe manner that elevates Deaf Culture, as well as all variations of communication preferences and access. Deaf Pathways envisions a future of empowered individuals and agencies where equity for Deaf and Hard of Hearing people and sexual violence survivors remain at the forefront of services.

Deaf Pathways Mission:

Deaf Pathways' mission is to create sustainable systems change within our agencies by:

- Prioritizing a client-focused approach and letting the input of those we serve guide our practices
- Identifying and addressing barriers within the Deaf community and working to eliminate those barriers to receiving services
- Providing creative resources, education, and training to agency staff to respond to current and future needs of Deaf and Hard of Hearing survivors of sexual assault
- Implementing strategies for effective communication, such as using in-person ASL interpreters, especially when serving survivors of sexual violence experiencing trauma
- Providing outreach and education to the Deaf and Hard of Hearing community regarding sexual violence and the accessible services that are available
- Promoting healing and empowering survivors to make their own informed decisions
- Promoting transparency and educating agency staff continuously on topics such as, but not limited to: trauma informed care, how to respond to disclosures of sexual violence, Deaf Culture and barriers to services.
- Leveraging existing collaborations with systems and other service providers to inform best practices and decisions that impact our clients
- Advocating for Deaf survivors of sexual violence outside of our own agencies and communities

Statistics

- Deaf and Hard of Hearing individuals are 1.5 times more likely to be victims of sexual harassment, sexual assault, psychological abuse, and physical abuse than their hearing counterparts¹⁵
- A 2014 study found that Deaf adults were more likely to experience forced sexual experiences than hearing adults. Deaf survey respondents experienced forced sexual incidents at rates that were at least twice those reported by hearing respondents in other surveys.¹⁶
- According to a 2015 Rochester Institute of Technology study, Deaf and Hard of Hearing college students are 2.5 times more likely to experience a negative sexual experience and are 2.6 times more likely to experience completed rape than hearing students.¹⁷

¹⁵ Nancy Smith and Charity Hope. Culture, Language, and Access: Key Considerations for Serving Deaf Survivors of Domestic and Sexual Violence. New York: Vera Institute of Justice, 2015

¹⁶ Ibid.

¹⁷ Vogt, Taylor Victoria, "Exploring Negative Sexual Experiences, Attitudes, and Behaviors by Auditory Status" (2015). Thesis. Rochester Institute of Technology.

Barriers to Reporting¹⁸

- **Lack of understanding among service providers:** Sometimes first/secondary responders and service providers regard survivors who are Deaf/HoH as less credible or believable because of misconceptions about deafness, disabilities, and/or sexual assault. These assumptions discourage survivors from coming forward and make them feel alienated, re-victimized, and adversely impacts their safety with intricate familial, personal, and professional connections within the Deaf community if they do
- **Language Barriers:** ASL is how the vast majority of Deaf/HOH individuals in the U.S. communicate. Throughout the healing process – from seeking help, to reporting the crime, to accessing healing services -- survivors who are Deaf/HOH often interact with service providers who do not understand the importance of, or know to how to access ASL interpreters or interpretive technology. Linguistic accessibility equals empowerment and safety, and facilitates healing for survivors.
- **Community or cultural pressures or stigma:** For Deaf\HOH survivors, lifeline to the Deaf community provides a sense of identity, belonging, linguistic access, social opportunities, and person and professional affiliations. Survivors who identify as being part of the Deaf community do not always feel supported by others in that community if they report a sexual assault, especially if the perpetrator is also a member of the Deaf community. In addition, it is often difficult to maintain privacy surrounding the assault.

Partner organizations

Cleveland Hearing & Speech Center is the premier provider of hearing, speech-language, and deaf services, education and advocacy, helping people connect through communication.

<https://www.chsc.org/>

Cleveland Rape Crisis Center supports survivors of rape and sexual abuse, promotes healing and prevention and advocates for social change.

<https://clevelandrapecrisis.org/>

If someone you love is Deaf and has been a victim of sexual assault, call or text Cleveland Rape Crisis Center's hotline at 216-619-6192 or chat at www.clevelandrapecrisis.org.

¹⁸ Ohio Alliance to End Sexual Violence. "Resources for Advocates: Deaf and Hard of Hearing Survivors of Sexual Violence," <https://www.oaesv.org/site/assets/files/1324/oaesv-deaf-survivors.pdf>.

APPENDIX 2: OHIO REVISED CODE

Per Ohio Revised Code (ORC) 2151.421(A)(1)(a), a child is an individual “under eighteen years of age, or a person under twenty-one years of age with a developmental disability or physical impairment”

For a victim of elder abuse, the Ohio Revised Code (ORC) 5101.60(C), defines an adult as “any person sixty years of age or older within this state who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents the person from providing for the person’s own care or protection, and who resides in an independent living arrangement”.

Per ORC 2151.421(A)(1)(a), only certain professionals who are “acting in an official or professional capacity” and know, or have “reasonable cause to suspect based on facts that would cause a reasonable person in a similar position to suspect” the abuse/neglect of a child are required to report it.

ORC 2151.421(A)(1)(b) outlines the certain professionals who are required to report: “...speech pathologist or audiologist... person engaged in social work or the practice of professional counseling”, and many others. In addition, ORC 2151.421(B) states that “anyone who knows, or has reasonable cause to suspect...that a child... has suffered or faces a threat of suffering... abuse or neglect...may report or cause reports to be made...”.

Furthermore, per ORC 2151.421(D)(1), “when a municipal or county peace officer receives a report concerning the possible abuse or neglect of a child or the possible threat of abuse or neglect of a child, upon receipt of the report, the municipal or county peace officer who receives the report shall refer the report to the appropriate public children services agency”. For mandated professionals, failure to report suspected child abuse/neglect is a misdemeanor of the fourth degree or first degree as outlined in ORC 2151.99(C)(1)(2).

Per ORC 5101.61(A), “...any peace officer, ...and any person engaged in social work or counseling having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of job and family services”. Furthermore, per ORC 5101.61(B), “any person having reasonable cause to believe that an adult has suffered abuse, neglect, or exploitation may report, or cause reports to be made of such belief”.

Per ORC 5123.61(C)(1), “any person listed in division (C)(2) of this section, having reason to believe that an individual with a developmental disability has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that individual, shall immediately report or cause reports to be made of such information to...a law enforcement agency or to the county board of developmental

disabilities”. ORC 5123.61(C)(2)(b) states “all of the following persons are required to make a report under division (C)(1) of this section: any... social worker, psychologist” or “...peace officer...”.

ORC 2151.421(C)(1) requires a written report to include “the names and addresses of the child and the child’s parents or the person or persons having custody of the child, if known”. ORC 2151.421(C)(2) further requires a report to include “the child’s age and the extent of the child’s injuries, abuse, or neglect that is known or reasonably suspected...to have occurred or of the threat of injury, abuse or neglect that is known or reasonably suspected...to exist, including any evidence of previous injuries, abuse, or neglect”. Similarly, ORC 5101.61(C)(1) requires a written report to include “the name, address, and approximate age of the adult who is the subject of the report”. ORC 5101.61 (C)(3) further requires a written report to include “the nature and extent of the alleged abuse, neglect, or exploitation of the adult”. ORC 5123.61(D)(1)(2) requires a written report to include “the names and addresses of the person with mental retardation or a developmental disability and the person’s custodian, if known” as well as the age of the person.

ORC 5123.01 (Q) Defines Developmental Disability as: “a severe, chronic disability that is characterized by all of the following:

- (1) It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness, as defined in division (A) of section [5122.01](#) of the Revised Code.
 - (2) It is manifested before age twenty-two.
 - (3) It is likely to continue indefinitely.
 - (4) It results in one of the following:
 - (a) In the case of a person under three years of age, at least one developmental delay, as defined in rules adopted under section [5123.011](#) of the Revised Code, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, as defined in those rules;
 - (b) In the case of a person at least three years of age but under six years of age, at least two developmental delays, as defined in rules adopted under section [5123.011](#) of the Revised Code;
 - (c) In the case of a person six years of age or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for the person's age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is at least sixteen years of age, capacity for economic self-sufficiency.
 - (5) It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.
- "Developmental disability" includes intellectual disability.